DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO. 10030039-1

As a below named inventor. I hereby declare that:

My residence/post offic	e addre	ss and citizenship are	as stated below n	next to i	my name;		
believe I am the originoint inventor (if plural patent is sought on the	al, first names	and sole inventor (if o are listed below) of t	only one name is li	sted be	elow) or an or	ginal, first and id for which a	
SYSTEM AND METH		OR DEAD-BAND DE	TERMINATION F	OR R	OTATIONAL	FREQUENCY	
DETECTORS the specification of whi	ch is at	tached hereto unless	the following box	is chec	ked:		
() was filed on as US Application Serial No. or PCT International Application Number and was amended on (if applicable).							
l hereby state that I handle including the claims, as disclose all information	s ameno	ded by any amendme	nt(s) referred to a	above.	l acknowled		
Foreign Application(s) and/or I hereby claim foreign priority inventor(s) certificate listed by a filing date before that of the	y benefits elow and	under Title 35, United Standard also identified below	any foreign application				
COUNTRY		APPLICATION NUMBER	DATE FILED		PRIORITY CLAIMED UNDER 35 U.S.C. 119		
					YES:	NO:	
					YES:	NO:	
Provisional Application	ndor Titlo	25 United States Code Sc	notion 119(a) of any l	Inited St	ates provisional	application(s) listed	
I hereby claim the benefit under Title 35, United States Code Section 119(e) of any United States provisional application(s) listed below:							
	APF	PLICATION SERIAL NUMBER	FILING DATE]		
U. S. Priority Claim]		
I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:							
APPLICATION SERIAL NUMB	BER	FILING DATE	ST/	ATUS (paten	ented/pending/abandoned)		
POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:							
Customer Number		022878	Place Custom Number Bar Co Label here		·		
Send Correspondence to AGILENT TECHNOLOGIE Legal Department, DL429 Intellectual Property Adm P.O. Box 7599 Loveland, Colorado 8053	S, INC. 9 ninistration	Direct Telephone Cal David H. Tannenbau (214) 855-8333		r			
I hereby declare that a made on information a with the knowledge imprisonment, or both false statements may ju	and bel that wi , under	lief are believed to be llful false statements Section 1001 of Title	e true; and furthe and the like so a 18 of the United	r that to made d State	these stateme are punishas S Code and t	ents were made able by fine or hat such willful	
Full Name of Inventor: Bria	ın J. Ga	lloway Citizenship: United States					
Residence: 974 Merlo Avenue, #3, Merlo Park, California 94025							
Deat Office Address Co		raaidanaa					

Inventor's Signature Page 1 of 2 (Use Page Two For Additional Inventor(s) Signature(s)) Rev 12/02 (DecPwr)

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (continued)

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Full Name of # 2 joint inventor	: Thomas A. Knotts		Citizenship: United States
Residence:	505 Cypress Point Drive, #	73, Palo Alto, C	alifornia 94043
Post Office Address:	Same as residence.		
Thon A 1	Guil	6/18	/03
Inventor's Signature		Date '	
Full Name of # 3 joint inventor	:		Citizenship:
Residence:	· · · · · · · · · · · · · · · · · · ·		
Post Office Address:			
Inventor's Signature		Date	
Full Name of # 4 joint inventor	r:		Citizenship:
Residence:			
Post Office Address:			
Inventor's Signature		Date	
Full Name of # 5 joint invento	r:		Citizenship:
Residence:			
Post Office Address:			·
Inventor's Signature		Date	
Full Name of # 6 joint invento	or:		Citizenship:
Residence:		<u>,,</u>	
Post Office Address:			
Inventor's Signature		Date	
			OUT would
Full Name of # 7 joint inventor	or:		Citizenship:
Residence:			
Post Office Address:			
Inventor's Signature	······································	Date	
Full Name of # 8 joint invent	or:	····	Citizenship:
Residence:			
Post Office Address:			
Inventor's Signature			
inventor a alguature		Date	